

10/567248

IAP12 Rec'd PCT/PTO 06 FEB 2006

EXPRESS MAIL NO.: ER 166091747 US

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: METHOD FOR FLUORESCENCE LIFETIME  
IMAGING MICROSCOPY AND  
SPECTROSCOPY

Attorney Docket Number:: 67789-536

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency:: National Institutes of Health

Contract or Grant No:: R01-HL-67377

Secrecy Order in Parent Appl.?::

### **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Peru
Status::	Full Capacity
Given Name::	Javier
Middle Name::	A.
Family Name::	Jo
Name Suffix::	
City of Residence::	Los Angeles
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	1150 West 29 <sup>th</sup> Street, Apartment 4
City of mailing address::	Los Angeles
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90007

### **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	RO
Status::	Full Capacity
Given Name::	Laura
Middle Name::	
Family Name::	Marcu
Name Suffix::	

City of Residence::	Sierra Madre
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	97 East Highland Avenue
City of mailing address::	Sierra Madre
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	91024

### **Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	CN
Status::	Full Capacity
Given Name::	Qiyin
Middle Name::	
Family Name::	Fang
Name Suffix::	
City of Residence::	Los Angeles
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	12633 Matteson Avenue, Apartment 11
City of mailing address::	Los Angeles
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90066

## **Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GR  
Status:: Full Capacity  
Given Name:: Thanassis  
Middle Name::  
Family Name:: Papaioannou  
Name Suffix::  
City of Residence:: Los Angeles  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 4256 Tivoli Avenue  
City of mailing address:: Los Angeles  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90066

## **Correspondence Information**

Correspondence Customer Number:: 50670  
Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::  
Phone number:: 213-633-6800  
Fax Number:

E-Mail address:: sethlevy@dwt.com

**Representative Information**

Representative Customer Number::		50670
----------------------------------	--	-------

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US04/026759	08/19/04
PCT/US04/026759	An application claiming the benefit under 35 USC 119(e)	60/496,316	08/19/03

**Assignee Information**

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	California
Country of mailing address::	US
Postal or Zip Code of mailing address::	90048